

## Authorization for Medical Treatment

I certify that I am the parent of, \_\_\_\_\_ and in the event that my daughter shall require any medical or dental treatment and it is not possible or reasonable to contact me in person or by telephone, I authorize league officials to consent to any and all medical, hospital or dental care and treatment which may be deemed reasonable and necessary by any licensed physician or dentist for the health and welfare of my daughter. This authorization does not cover major surgery, unless the medical opinion of at least two physicians concurring that such surgery is necessary is obtained prior to the procedure. I authorize the release of the following information to any physician, hospital or other health care provider who may not have access to my daughters medical history.

Players Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: Phone Number: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_ \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Medical Insurance Carrier and Policy Number: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver and Release from Liability

In consideration of my daughter's involvement and participation in softball games, practices and other activities under the \_\_\_\_\_ and her legal representatives, release, hold harmless and promise not to use the Lafayette Girls Softball League, its officers, directors, coaches, officials, employees, umpire, and agents or the ASA with respect to or in connection with any claim for injury or damage to person or property which my daughter may suffer as a result of her involvement and participation in such games, practices and activities. I acknowledge that the sport of softball and the physical activities associated therewith present the risk of serious physical injury, including paralysis and death, and with such knowledge, I consent to such involvement and participation by my daughter and assume all inherent risks therein.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date